



COUNTY OF MONTGOMERY  
OFFICE OF THE COMMISSIONER OF THE REVENUE  
755 ROANOKE ST SUITE 1A  
CHRISTIANSBURG, VA 24073

TAX YEAR \_\_\_\_\_

INSTRUCTIONS TO THE APPLICANT

The information required on this application must be filled out in its entirety and returned to the Office of the Commissioner of the Revenue, Christiansburg, Virginia. Applications must be filed by March 1 of the taxable year in which the exemption or deferral is applied. Spaces on the Application that are not applicable to the taxpayer should be completed as "Not Applicable" or \$0.00 as indicated by the question. Questions that cannot be answered within the spaces provided can be answered by attaching additional sheets to the application. THE EXEMPTION IS GRANTED ON AN ANNUAL BASIS AND A NEW APPLICATION MUST BE FILED EACH YEAR. All information on the application is confidential and not open to public inspection. For additional information please phone 382-5710.

\_\_\_\_\_ permanently and totally disabled Parcel ID \_\_\_\_\_

\_\_\_\_\_ 65 years of age or older PPID \_\_\_\_\_

Name on Tax Bill: \_\_\_\_\_

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Is this dwelling occupied by the applicant as the sole dwelling? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do you own any other Real Estate? (even if it is in another state) \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Is the applicant? \_\_\_\_\_ Owner \_\_\_\_\_ Partial Owner

If partial ownership, explain how the ownership is legally held and the proportion owned by applicant.

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**YOU MUST SUPPLY PROOF OF INCOME**

List all Real Estate owned as shown on Tax Ticket:

Description	Parcel ID	Acreage	Assessed Value
Residence:			

Please complete this statement of net financial worth as of December 31, \_\_\_\_\_  
 Net financial worth includes all assets, including equitable interest of the owner of the dwelling for which exemption is claimed and shall exclude the fair market value of the dwelling and the land, not exceeding one acre upon which the dwelling is situated.

Net Value of Assets	Applicant	Spouse
Real Estate (see above)		
Personal Property (auto)		
Pass Book		
Savings Account (\$) Certificate of Deposit		
Trust Fund		
Checking Account (\$)		
Stocks		
Bonds		
Insurance (Cash Value)		
Property in Trust		
Other Assets (including IRA's & 401's)		
Total		

Total combined Net Financial  
 Worth of the Applicant and Spouse \$ \_\_\_\_\_

Property Transfer:

1. Have you or your spouse sold, transferred or given away, in whole or in part, cash, bank accounts, stocks, bonds or any other valuable personal property in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you or your spouse transferred ownership, in whole or in part, sold or deeded away any real property in the last twelve months: Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" give the location of the property, the name or names of the persons receiving it, and the amount you or your spouse received from the transfer:

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### GROSS INCOME STATEMENT

Please complete the gross income statement for the calendar year of \_\_\_\_\_. Included in the statement should be the total gross income from all sources of the applicant and all persons related to the applicant living in the residence.

GROSS INCOME	Applicant	Spouse	Relatives living in residence
Gross Earnings			
Pensions (Specify)			
Interest			
Social Security / SSI			
Dividends			
Rent(s)			
Welfare			
Gifts			
Capital Gains			
Railroad Retirement			
Civil Service Pension			
Veteran's Benefits			
Workman's Compensation			
Unemployment Compensation			
Sick Benefits			
Support Payments from Court			
Other Support Payments			
Money from Relatives & Friends			
Food Stamps			
Fuel Assistance			
Other (Specify)			
Total			

Total Combined Gross Income of the Applicant, Spouse and Relatives \$ \_\_\_\_\_

Less \$10,000 Relatives Income (if applicable) \$ \_\_\_\_\_

Amount used to calculate exemption/deferral \$ \_\_\_\_\_

AFFIDAVIT

I \_\_\_\_\_ do hereby certify that the information represented on this form is true and accurate to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violation the limitations and conditions provided by the ordinance shall nullify any exemption for the current taxable year and the taxable year immediately following.

It is of the utmost importance that the applicant understand the need for and agree to let the Commissioner of the Revenue know of any changes that occur in relation to your income or financial worth. To give false information, withhold information or fail to report any change will be in violation of the law and applicant can be prosecuted.

I authorize the Commissioner of the Revenue to obtain any verification necessary to both determine and review financial assistance eligibility. This authorizes release of information to the Commissioner of the Revenue's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Audit

\_\_\_\_\_  
For use by the Office of the Commissioner of the Revenue

Income	_____	Percent	_____	Deferred	_____	Exempt	_____
				Levy	_____	Abatement	_____

**Assessment**

**Tax Relief**

**Land**

**Building**

**Total**